

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name

CAMPAIGN MONEY WATCH

(b) Address (number and street) ☒ check if different than previously reported

1133 19TH STREET NW 9TH FL

(c) City, State and ZIP Code

WASHINGTON

DC

20036

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number

C C30000160

3. Is This Statement

☒

New

or

☐

Amended

4. Covering Period

M M / D D / Y Y Y Y
0 1 / 0 1 / 2 0 0 9

through

M M / D D / Y Y Y Y
0 9 / 2 6 / 2 0 1 0

5. (a) Date of Public Distribution(s)

M M / D D / Y Y Y Y
0 9 / 2 6 / 2 0 1 0

(b) Communication Title Hawaii Five-Oh

6. The filer is a(n): (a) ☐ Individual (b) ☒ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)

(d) ☐ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: _____

7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?

Yes ☒No ☐

8. Custodian of Records

(a) Name

David Donnelly

(b) Address (number and street)

Campaign Money Watch

(c) City, State and ZIP Code

Washington

DC

20036

(d) Name of Employer or Principal Place of Business

Public Campaign Action Fund

(e) Occupation

National Campaigns Director

9. Total Donations This Statement

50000.00

10. Total Disbursements/Obligations This Statement

28718.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

David Donnelly

SIGNATURE Electronically Filed by David Donnelly

DATE 09/27/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 437g.

Image# 10931347743
SCHEDULE 9-A
Donation(s) Received

PAGE 2/3

A. Full Name of Donor

Public Campaign Action Fund

Mailing Address of Donor

1133 19th Street NW 9th Floor

City

State

Zip

Washington

DC

20036

Date of Receipt

M M
0 9

D D
2 2

Y Y Y Y
2 0 1 0

Amount

50000.00

Transaction ID : F92.000001

SUBTOTAL of Donations This Page (optional).....

50000.00

TOTAL This Period (last page this line number only).....
(carry total from last page to Line 9)

50000.00

SCHEDULE 9-B**Disbursement(s) Made or Obligations**

A. Full Name (Last, First, Middle Initial) of Payee MacWilliams Sanders				Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 0 9 / 2 4 / 2 0 1 0</div> </div>			
Mailing Address of Payee 7 Trillium Way				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">28718.00</div>			
City Amherst		State MA				Zip Code 01002	
Name of Employer		Occupation					
Purpose of Disbursement (including title(s) of communication(s)) Production, placement of							
Name of Federal Candidate Dan Lungren		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: CA District: 03			
Disbursement/Obligation For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____							
F94.000002							
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____			
Disbursement/Obligation For:		<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____					
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____			
Disbursement/Obligation For:		<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____					
SUBTOTAL of Disbursement/Obligation This Page (optional)				<div style="border: 1px solid black; padding: 2px; text-align: right;">28718.00</div>			
TOTAL This Period (last page this line number only) (carry total from last page to line 10)				<div style="border: 1px solid black; padding: 2px; text-align: right;">28718.00</div>			